

APPLICATION FOR RESTORATION OF ANNUAL LEAVE

EMPLOYEE NAME:

SSN:

TITLE:

GRADE:

ORGANIZATION:

EXTENSION:

DATE ANNUAL LEAVE
REQUEST WAS
SUBMITTED: (Attach original
documentation)

DATE REQUEST WAS
APPROVED:

DATES ANNUAL LEAVE
SCHEDULE FOR USE:

AMOUNT
SCHEDULED:

APPROVED ANNUAL LEAVE CANCELLED BY:
(Attached original documentation)

DATE CANCELLED:

REASON(s) FOR CANCELLING ANNUAL LEAVE: Describe the exigency of the public business or other reason; give the beginning and ending dates of the exigency; and explain why other alternatives to cancelling the annual leave scheduled for use could not be made.

IN MY SCHEDULING OF RESTORED ANNUAL LEAVE FOR THE ABOVE EMPLOYEE, I SHALL TAKE INTO ACCOUNT THE FACT THAT REGULAR ANNUAL LEAVE MUST ALSO BE SCHEDULED TO AVOID FORFEITURE AGAIN NEXT YEAR.

Signature of Petitioning Supervisor/Date: _____

Signature of Department Head/Date: _____

DETERMINATION/AUTHORIZATION

_____ Hours of annual leave are hereby authorized to be restored to a special account for the above employee and to be used no later than the end of the leave year ending two (2) years after _____ to be forfeited with no further right to restoration.

Activity Official

Date